

UNITED STATES BANKRUPTCY COURT

Western District of New York

In re Carmen M. Morrison,

Case No. 16-20248

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

EB 2EMINY LLC

Name of Transferee

American Tax Funding LLC

Name of Transferor

Name and Address where notices to transferee should be sent:

P.O. Box 829686
Philadelphia, PA 19182-9686

Phone: 585-286-2685

Last Four Digits of Acct #: 4998

Court Claim # (if known): 13

Amount of Claim: \$3962.91

Date Claim Filed: 06/28/2016

Phone: 888-289-8297

Last Four Digits of Acct. #: 4998

Name and Address where transferee payments should be sent (if different from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: 

Transferee/Transferee's Agent

Date: 08/01/2019

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American Tax Funding LLC

Name of Transferor

Name and Address where notices to transferee should be sent:

P.O. Box 829686
Philadelphia, PA 19182-9686

Phone: 585-286-2685

Last Four Digits of Acct #: 4998

Court Claim # (if known): 14

Amount of Claim: \$2387.90

Date Claim Filed: 6/28/2016

Phone: 888-289-8297

Last Four Digits of Acct. #: 4998

Name and Address where transferee payments should be sent (if different from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: 

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Date: 08/01/2019

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EB 2EMINY LLC

Name of Transferee

American Tax Funding LLC

Name of Transferor

Name and Address where notices to transferee should be sent:

P.O. Box 829686
Philadelphia, PA 19182-9686

Phone: 585-286-2685

Last Four Digits of Acct #: 4998

Court Claim # (if known): 15

Amount of Claim: \$4232.90

Date Claim Filed: 6/28/2016

Phone: 888-289-8297

Last Four Digits of Acct. #: 4998

Name and Address where transferee payments should be sent (if different from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: 

Transferor/Transferor's Agent

Date: 08/01/2019